	1-	FOR - STATE REGISTRAR	DEPARTM	NENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 5	2	6 6	3 3
		CEASED NAME STELLA	M I)ashi	AS1	20 DATE OF DEATH	Q 14	YEAR 186	26 HOUR 8:05AM
	3. SEX	- /	RACE . (5 DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRT	HDAY) IF (UNDER I YEAR	IF UNDER 24 HRS
5	BI	COUNTRY	Black CITIZEN OF WHAT COUNTRY?		29 - 1887 D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	FDEATH	
0	10. CI	INICESS ANNE	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET / MANO L'A MAN	OR 1	Analy Control	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	F WORKING LIFE)	12b. KIND OI INDUSTRY	MD. F BUSINESS OR
3	130 S	TIVEGITION COOL	Y 13c. CITY OR TOW		13d INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS /	ZIP CODE STREET	Sal	15. Md
21	4 FA	ATHER'S NAME Solin	wind Eve		15. MOTHER'S MAIDEN NAM	MIDDLE		ALLEN	
2		WAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE W	ED FORCES? 16b SOCIAL SECU	RITY NO.	LAURA Weig	ADDRE	ss St.	SAlis	MATE INTERVAL MASET AND DEATH
		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)						
0	CATION	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D			200 AUTOPSY?	20b. IF YES, V	VERE FINDIN	GS USED
1	MEDICAL CERTIFICAT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED AT WORK	216 TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, F.	19	21¢ HOW INJURY OCCURR 211 LOCATION STREET	YES NO CITY OR TO	YES [NO
		220.1 certify that (1) (this haspital saw the deceased alive an obove. (1) (we) (did) (did not) 122b SIGNATURE	yiew the body after death			MEDICAL STAF	F _	nd fram the	hat (1) (we) last causes stated
/	23e E	22d PHYSICIAN'S NAME (TYPE OF		IAME OF C	22e ADDRESS EMETERY OR CREMATORY	23d LOCATION			

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR
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9-20-84

GREEN ARCES

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_ (7)	RETAIN HOULD B	13a S	L RESIDENCE	IN NURSING HOME O	OR OTHER INSTITUT	ION GIVE RESIDEN	ORTOWN	_	13d. INSIDE CITY LIJ	MITS? 13e ST	RELT ADDRESS	Rt,	Rot	22	1
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BALTIMORE, MD. 21201 FTER DEATH. IF ANY VE PAGES 1, 2, AND	SES 1.	CIVI	SNO, OR UNKNOWN	(IF YES, SIVE	WAR OBSHITES)	215	-20-80		SALLIE	Frede	ella Foo		1.2	(DESEL	RK Mai
4 8	145		18 CAUSE OF D	EATH (Enter an		as line for (a) (100	SHOTE	K 31/2	LLIPT 100	P3 97	PID	APPROXIMA	TE INTERVAL
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五 五	REW			if ony, which to immediate	(b)_									1	
W. D.W.	\$ 158 158			oting the under-	<	O, OR AS A CO	NSEQUENCE ()F		10 10	YTU		1000		
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DRD BNG	WEDICA AS.A BI ALTHAI CREWA!	z	PART 2 OTHER SIGNI	FICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT NOT RE	LATEO TO THE TERM	INAL OISEASE	OR CONDITION GIVE	EN IN PART 1 (a).					1-3-11-1
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HR: T	PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		22a. I certify t	hat I took charg	e of the remai	ns described ob	ove, held an	Autopsy	X Inst	pection .	Inquiry	ond	in my opir	nian	
MAN	A PER	10	death resulted	fram: Notur	ol couses	, Accident	. Su	cide X	Homicide	Unde	termined monn		, -,		
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IO A	AFTE BALL	13a Bi	TYPE OR PRINT)				NAME OF CEA		DUKE33		OCATION	arto.	MD.		
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10	1.	FOR STATE	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 0 - 2	6890
19975		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	DAY YEAR 126 HOLIR
moy be poge 3 cer death c		CEASED NAME FIRST	MIDDLE	HARRIS	20 DATE OF DEATH MONTH	29 86 3 P
poor er de	3 SEX		4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
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Pog dire		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OFDEATH
of 25 25		OUNTRY) Md	USA	WIDOWED TO DIVORCED	Somerse	t ,
the fundament		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI	RSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LII)	126 KIND OF BUSINESS CONDUSTRY hotel
n by	USU.	LINCESS ANNE AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	OTHER INSTITUTION GIVE RESIDENCE BI	FORE ADMISSION)		
i lis		Md Some	erset Deal	Island YES 🕱 NO 🗌	Melvin White	Road 21821
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quires the signed the plector to burial njury, ar	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GI	VEN IN PART 1 to
in. hos beer permit. In prior	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WE	TICH OPERATION WAS PERFORMED	IN CERT	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
No. The system of the system o	EN I	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
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HYSICIA nding ph nis certifi buriol-ti I Mental or Item	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
the the shall be shal	X	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OF	FICE, FARM ETC) STREET	CHYOKIOM	
Afre os solth mork			oital) attended the deceased fr	om 3/14 19.86	10 9/29	19.86_, that (I) (we)
OR: THE		saw the deceased alive a	9/28	9 26, and that in (my) (aur) apiniar	death accurred an the date and ho	ur and fram the causes stated
R ATTEN hospital RECTOR hed for u ept. of Hi		abave, (I) (we) (did) (did n	at) view the bady after death.	DEGREE		22c. DAJE SIGNED
T 000 0		III. SIGNAJORE	XPH.	ATTENDING	MEDICAL STAFF	8/41/1
A A P T		22d PHYSICIAN'S NAME ITYPE	NAUC	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN	SMARTS
etoined by the TO FUNERAL should be deto with the State		William H	Robins, MI		ic Ave, Salisba	ry, Planet
Of of other Party of the other of the other othe		BURIAL, CREMATION, REMOVA		23c NAME OF CEMETERY OR CREMATORY	tery D. Isl.	Som Md
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DUMMI 14 40M 7/84		UNERAL DIRECTOR	Rt. 3	Box 354 250 DA	TE REC'D. BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE
DHMH - 16 60M 7/84 (VRA 15 4)	Le	roy G. Webst	er Princes	Box 354 Md. OCT	O. D. WOU someth	Adver- Botteille

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ter d	7	10. CI	TY OR TOWN OF DEA	TH		F HOSPITAL, NURS		OR OTHER INSTITUTION	12a. USUAL OCCUPAT	ION	126. KIND OF BUINDUSTRY	USINESS OR
no rs of	0	4	skield					sing Home	Domestic			
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2 6 E414	1		18 CAUSE OF DEAT	H (Enter an	y ane cause p	er line far (a), (b), a	nd (c l.)				BETWEEN CHIS	T AND DEATH
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W the season the seaso			cause (a), stating underlying cause		DUE TO,	OR AS A CONSEOU	JENCE OF					
to the party of	3				(c)_							
DS, 2 quire quire he bu		NO	PART 2. OTHER SIGN	NIFICANT C	ONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE OR COM	IDITION GIVE	N IN PART 11a	
8 1 11 1	2	CERTIFICATION	19a DATE OF OPERA	TION	196 CON	DITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES,	WERE FINDINGS	USED
3 2 2 2 2 2	7	FI							YES T NOT	YES	ING CAUSES OF	DEATH?
五 二	6	ER	210. ACCIDENT WAS UNE	ERLYING		OF INJURY		21c HOW INJURY OCCL	IRRED (ENTER NATURE OF IN)	JRY IN ITEM 18 PAI	RT 1 OR PART 2)	
五 五五 五五 四	9	-	OR CONTRIBUTING		10	A.M. MONTH [(2) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4				
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DINC O		Iñ	AT WORK — AT WO	RN	The standard	aha daasa ad faar	6-2	4 10 83	8/29	1	0 86 that	00
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TO HOSPIT etoined by TO FUNER should be with the Ste		1	Dr. St	terli	10			320 W. 1	Main St. Cri	sfield	Md.	
of of short with IMP		23a l	SURIAL, CREMATION,		1236. DATE	73-	NAME OF C	METERYORENEMATOR			7	1
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DHMH - 16 50M 4/8	2	24. FI	INERAL SPECTOR	11/	11	11. 0	4 0	al res 1 250. D	ASED OF TOP	756. REGISTA	AR'SSIGNATURE	D. Said
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10381-00 Samuell M. W. S. A. THE PHE Also Somerost Driver . . . SIL Millie Grat Jahren Brand Hiller 2 Telefold MAN TENE SILVE THE SEE MILLER SEE SEE STATE OF THE SEE ST Burtal Soit 6455 John Villey Love & How Fitting Moderates Miles

STATE OF MARYLAND

		1-	FOR STATE			DEPARTMENT OF	HEALTH			6	2 6	8	9 3
00-1	0717		REGISTRAR		MEI	DICAL EXAMI	NER'S C	ERTIFICATE C	F DEATH	REG. N	Ο.		
ו־טנ	19141		CEASED NAME PE OR PRINT) T 4 4	FIRST		WIDDLE		LAST	2a DA	TE KNOWN	HINOM	DAY YEA	R 26 HOUR
	ET, SEE		ודר	tleto	n	T		ing Sr.	DEA	TH MATED		19	M
	SARY, PLEASE AL DIRECTOR YOUR FILES III 72 HOURS	3. SE	Male	Black		34 AGE (IN)	DAY) MONTH	DER I YR. IF UNDER	MIN PRONG	DUNCED ~		26 19 8	36 M
-	ECES NER NER	FC	COUNTRY)		US A	AT COUNTRY?	8. MARRI WIDOW		ED 🗆	Somet.	set.	Y OF DEATH	MD.
10	IF ANY DELAY IS N. 2, AND 3 TO THE FL. 2. SHOULD BE FILED ALREGORDS, 20 THE FL. 2. SHOULD BE FILED ALREGORDS, 20 THE FL.	P		Anne	(IF NOT INSUCH FA	PITAL, NURSING HON CHITY GIVE STREET ADDRESS HOME		er institution		CUPATION (TYPE) WORKING LIFE)	PE OF WORK	OR INDU	
21201	AND 3 PETAIN P	13a S	'Md.	13b. SOUNT	erset	134. CITY OR TOWN		13d. INSIDE CITY LIMITS? YES NO	13e. STREET AD		+9 0	218	53
RE, MD	FER DEATH. II		John		MIDDIE	King		is mother's maiding the Lena.	ENNAME	MIDDLE		Vhite	
BALTIMORE, MD. 21201	URS AFTER I		Yes Deceased Ever	IN U.S. ARM	LED FORCES?	214-12-		Berth	na Wort	hy Rt		x49	
S, 201 W. PRESTON ST	WITHIN 24 HOU ENCIL IN ITEM 18 MINER ALONG 1 TRANSIT PERMI NTAL HYGIENE, OR REMOVAL.		Canditions, if gove rise to couse (a) stating lying couse lost	VAS CAUSED IMMEDIATE any, which immediate g the under-	BY: E CAUSE (o) DUE TO, OR (b) DUE TO, OR (c)	rior (a), (b), ond (c).) Line Ca AS A CONSEQUENCE AS A CONSEQUENCE	OF					APPROXIM BETWEEN OF	NATE INTERVAL
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ON OF V	G THE WG TO THE HOULD B HOULD	MEDICAL CERT	210 EXTERNAL CAU UNDERLYING CONTRIBUTING	OR CAUSE OF DI	EATH P.M	MONTH DAY YEA	IR .	OW INJURY OCCURRE	D (ENTER NATURE (DF INJURY IN ITEM 18	PART I OR PAI		
DIVIS	WRITIN WARDEL WARDEL AGE 3 ATE DE	MED	21d. INJURY OCCUR WHILE NOT AT WORK AT W	WHILE D	21e PLACE C STREET, FACT	OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION TREET	CITYO	RIOWN	COL	UNTY	STATE
•	TO MEDICAL EXAMINER: TE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DESTRUMENTE, MARYLAND; SHUMORE, MARYLAND; SHUMO		220. I certify that death resulted from ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	n: Noturo	ralish	cribed above, held on Accident . S	Autop:	Hamicide	n , Inqu Undetermined	d monner .	DATE SIGNE		
	BP	(URIAL CREMATION, I SPECY PUTIAL UNERAL DIRECTOR		10-1-8	23t NAME OF CE	Ma	MA 250. DATE	23d LOCATIO CITY OR TOWN COCK:	TRAR 25b REG	COUN ISTRAR'S S		Md
	(VR A15 ME (5)) 20M 4/82	7	MW H'90	mes	11/2 25	8 Church	Stk	. AnneOCT	02 198	学なって	OATS STORY	- Spranger	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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- 1		OR PRINT)	FIRST		WIDDLE		AST		20 DATE	OF DEATH	MONTH	DAY	YEAR	26 HOL	JR .
	TITLE	OK PRINT)	Alice	S	Higgins	5 14	05510	k	- N		9	23	86	1:1	15 A
1	3. SEX	(4 RACE	1.93	5. DATE C	OF BIRTH		6 AGE IN	YEARS LAST B	IRTHDAY)	IF UND	ERIVEAR	IF UNDER	24 HRS
71	- 1		_	1 1 1	1+	MONTH	18	1895	9	1		MONTHS	DAYS	HOURS	MIN.
		EMAL	<u> </u>	Wr	1116	a	10	1075		1	YF				
1		RTHPLACE ISTATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTR	MARRIE	D NEVER	MARRIED -	9 BALTIM	ORE CITY		0	EATH		
2	DA	LISOUPY,	MIG	10,0	>, A	WIDOWE		VORCED [)	OME	ZRS	el			MD.
	10 CI	TY OR TOWN OF	DEATH		HOSPITAL, NUR		OR OTHER INS	ITUTION	12a USUA				KINDO	BUSINE	SSOR
0	Pa	INC.C.SS	ANNO	MAN	CH FACILITY, GIVE STR	MAN	OR		THE OF WO	ne most	AK		W N	Ho	Me
	USUA	AL RESIDENCE OF N	NURSING NOME OF	OTHER INSTITUTION		FORE ADMISSION)	07.		, ,,,,,,		711-	CAI			1110
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의	IAIL	THERSNAME	WIC	OMICO	MYYC	2N	YES 🔠	NO [1,0	1001	71	0	416)/ 0	
51	TA	FIRST	1 /	MIDDLE	1 1 LAST	,	IS MOTHER	S MAIDEN NAM	WE 11	MIDDLE			A LAS	1	
59	11	PONAR	o t	1.	H1991	INS	17	NNAD	ehr	. 6		/.	MAD	00	X
_		AS DECEASED EN		MED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMA	INT O	1 /	ADD	RESS				
1	(1	P O UNKNOWN	(IF TES, GIV	t WAR OR DATES)	212-74	-8087	MAC	4 BeL	Let	ANS	ONS	Se	e Se	c1	3
		18 CAUSE OF DE	ATH (Enter or	ly one couse no	r line for (a) (b)	andic)		,				APPROXION C	MATE INTER	RVAL
	12	PART I DE ATE	H WAS CAUSE	D BY	Mand	210 6	27 h	moul	noar				BEIWEING	LALA	DEATH
			IMMEDIA	re CAUSE (a)	Male			, -	-	-			100	nace	
	21			DUE TO, C	OR AS A CONSEC	QUENCE OF	6-07		0						
П		Conditions, if o		(b)_			Min	cemis							
	-	gave rise to cause (0), st	ating the	DUE TO. C	R AS A CONSEC	QUENCE OF	-1	1.		1	at				
		underlying ca	iuse last	((c)		Per	upers	() Vo	1 Cul	3-	au	rease			
80		PART 2 OTHER S	IGNIFICANT (ONDITIONS C	ONTRIBUTING T	O DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEA	ASE OR CO	NDITION	GIVEN IN	PART)10		
	N O														
100	CERTIFICATION	190 DATE OF OPE	RATION	196. CONE	ITION FOR WHI	ICH OPERATIO	N WAS PERFO	RMED	20g AU	TOPSY?		F YES, WEF			
-1	F								YES 🗆	NOU	IN CE	RTIFYING YES	CAUSES	OF DEAT	
#	ERT	210 ACCIDENT WAS	UNDERLYING F	3 21b. TIME (OF INTURY		12Ir HOW IN	JURY OCCURR			HIDV IN ITEA		0 0 A D 1 31	140 [
		OR CONTRIBUTING		110110 4		DAY YEAR		JOK! OCCORN	CD LENIER	NATURE OF IN	JURY IN TIEN	A IB PARI I U	RPARI 2]		
11	V	(IF EITHER NOTIFY A		P P	.M.	19									
	WEDICAL	214 INJURY OCC			OF INJURY	CE EARM ETC I	21f LOCATIO	NC		CITY OR	OWN	C	YINUC		TATE
	>	AT WORK AT	WHILE WORK	(A COME O		CE TANK, ETC							21		
		22a 1 certify that	(1) (this hospi	tal) attende	he decessed from	m	5-6	19 76	ta	(- 6	-3	. 19_	10	hat (1) (we) lost
	710	saw the deci	eased alive an	7.	15	16 ar	nd that in (my)	(aur) apinion o	death accur	red an the	dote and	haur and		, ,	
		22b. SIGNATURE	e) (did) (did na	t) view the bod	y after death.		DEGREE					12	2c. DATE S	SIGNED	
		210. SIGITATORE	n #	00	1	A.	11/1	ATTENDING	MEDICA	L ST	AFF	· ·		23-	96
	- 1		0 10	agrine				PHYSICIAN V	DIRECTO	R PHYS	KIAN [7-	2)0	
11		22d PHYSICIAN'S	NAME (TYPE C	RAMIL	,		220 ADDRES	Λ	1, 11		,	,			
		C.	Deg	MAI	V		MININ	cess /11	NNC,	MAI	144	AND			
	23a B	URIAL, CREMATIC	N, REMOVAL	236. DATE	2:	I NAME OF C	EMETERY OR	CREMATORY	23d LO	CATION	1				
	(BUPIA	L	19/26	11986	ALLE		neteny	1 9	121pwn	11.	1110	ATY.	mal	TATE
1	24 EL	INERAL DIRECTOR	3	1// " 6	1.707	1	1		E REC'D. BY	REGISTRA	R 25b RE	GISTRAR'S	SIGNATI	JRE	
	B	A KAMO NIT	BALLA	Ws .	SA / IMPORT	MINIO.	Md				,		-		
	+		PUUN	0) -	-47100	7/	1110	135	291	486	PRACE	andan	-	lalla.	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR:

IMPORTANT: If them

ATTENDING PHYSICIAN: The lo

TO HOSPITAL OR

BP.

320	1 -	FOR STATE REGISTRAR	DE		EALTH AND MENTAL HYG	IENE Ö Ö REG. NO.	20073				
r deoth		CEASED NAME FIRST LERO	Y H.	PUS	SEY	20 DATE OF DEATH MON	9 20 86 25 A M				
5	3. SE	Male	4.RACE White	5. DATE (6. AGE (IN YEARS LAST BIRTHDA'	Y) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.				
onder.		RTHPLACE (STATE OR FOREIGN MD	76 CITIZEN OF WHAT COU	NTRY? 8. MARRIE WIDOW!	D NEVER MARRIED	9 BALTIMORE CITY OR CO					
notified	C	risfield	11. NAME OF HOSPITAL, NOT IN SUCH FACILITY, GIVE Edward McC	Cready I		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Partner	PRKING LIFE) 176 KIND OF BUSINESS OR INDUSTRY Auto Repair				
rmustbe	13a S		ITY 130 CITY O		13d. INSIDE CITY LIMITS? YES NO [<u> </u>	21838 24/Marion, MD.				
Pexamine		Ernest	J. Pus	- 0	15. MOTHER'S MAIDEN NAM	Ellen	Atkinson				
e medical			E WAR OR QATES)								
injury, or ather traumo	NOI	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CON	ite My ISEOUENCE OF tro inte		eding INAL DISEASE OR CONDITION	DN GIVEN IN PART 110				
shows ony ii	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	YES NO	b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO				
Item 18 sh		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)				
rkedor	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME, STREET, FACTORY.	OFFICE FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE				
, 21 is mo		270.1 certify that (I) (this hospit saw the deceased alive an above, (I) (we) (did) (did no	9/20/86	19 /	nd that in (my) (our) apinion o	to 9/20/8 death occurred on the date of	ond hour and from the couses stated				
MAPORTANT: If Herr		224 P. ACIAN'S NAME (IVPEO ### WORLD HUNDER ###################################	R PRINT)		ATTENDING PHYSICIAN 220 ADDRESS 2.5 Broad St	MEDICAL STAFF DIRECTOR □ PHYSICIAN ./Princess	1/				
IMPC	23a B	URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY STATE				
-	24 EI	Burial UNERAL DIRECTOR	9/23/86		dge Cemetery	Crisfield	Somerset Md.				
6 60M 7/84		NAME	ons Mã	DRESS ain St.	Crisfiel (150 DATE MD	SEL ROMANO	/ COLORGIA ON THE COLORGIA ON				

STATE OF MARYLAND

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE DECEASED NAME 20. DATE KNOWN ST 12 HOUR (TYPE OR PRINT) E. TIME STEWART DEATH MATED Sept. noon 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. 5 DATE OF BIRTH IF UNDER 24 HRS. DATE 2d HOUR LAST BIRTHDAY 5:10 P. M PRONOUNCED Jan. 15, 1922 White Female 64 YPS DEAD A BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. Somerset County WIDOWED DE DIVORCED D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120, USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS. FOR MOST OF WORKING LIFE)
Housewife OR INDUSTRY Crisfield Home- 14 Pear St. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Somer set 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS YES NO 1 14 Pear St. Crisfield (21817)Maryland A FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST FIRST Walker Edna Sherman Dize The WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS IYES NO OR UNKNOWN! (IF YES, GIVE WAR OR DATES) Glen S. Stewart Same as 13 a,b,c,d,e 216-14-4520 none 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONGERAND DEATH PART I DEATH WAS CAUSED BY Ventricular Fibrillation IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which Hypertensive Cardiovascular Disease gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL-HEALTH AND MEI AL, CREMATION, C lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? White WARDED TO The PAGE 3 SHOULD BE US-TATE DEPARTMENT OF H YES 🗍 NO DE 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 71L LOCATION WHILE AT WORK AT WORK STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY STATE EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STA 220 I certify that I took sharge of the remains described above, held on Inspection Notural causes deoth resulted from Accident Suicide Homicide ___ Undetermined monner TITLE (SPECIFY) DATE 9/5/86 Deputy MEDICAL EXAMINER James A. Sterling, M.D. XAMMER SMAME 320 W. Main St.- Crisfield, Md. 21817 231. MAME OF CEMETERY OR CREMATOR 23d LOCATION Md. Burial 9/7/86 Sunnyridge Cemetery Crisfield Somerset 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR whia Davidson - Margarette **DHMH - 17** Crisfield, Md. Bradshaw & Sons 21817 (VR A15 ME (5)) 20M 4/B2

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				1-	FOR STATE REGISTRAR				MENT OF	HEALTH	ARYLAND AND MENTA ERTIFICATI		TH	2	6 8	3 /
0	-	18	3 8 3 5		CEASED NAME PE OR PRINT]	JOHN		MIDDLE P.			WES		2a. DATE KNO	REG. NO. OWN X MOR	pt.19,986	10:30 a. M
			WECESSARY PIESSE WINERLD INECTOR WITHIN 72 HOURS WITHIN 72 HOURS PREFTON STREET,		ale	White	S. DATE OF BIRTH MONTH DAY Aug. 23,	YEAR 1911	6 AGE (IN YEA LAST BIRTHDA	MONTI		S MIN	2c. DATE PRONOUNCEI DEAD	Sept.	19, 1986	R 2d. HOUR
		935	FUNERAL SOR WITHIN	M	RTHPLACE (ST PREIGN COUNTRY) aryland		76. CITIZEN OF WH	A.		WIDOW		ORCED	Some	erset C	_	MD.
		2	PAGE 5 PAGE 5 BETHEFU	C	risfiel	d	11. NAME OF HOSI (IF NOT IN SUCH FAIL HOME— 380 OR OTHER INSTITUTION, GIV.	W. I	Main S	t.	ER INSTITUTION	Par	t Owner	ION (TYPE OF WO	Dealers	TRAuto
	10010	21201	STOUR BENEFIT	13a S	aryland	13b. COUN	recording in the control of the cont		or Town Stield	ON)	13d INSIDE CITY LIMIT YES TO NO	□ 380	W. Mai	in St.	(21817)	
	200	KE, MD.	- 1/3/3/ - 1/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3		THER'S NAME	Ma DEVER IN U.S. ARA	wrice	- 111	AST I S S	(1)0	15. MOTHER'S MA Leils 17. INFORMANT	AIDEN NAME	MID:		Dana	
	CALTIAC	BALTIMORE, MD. 21201	B. GIVE PAGE WITH FORM WITH FORM DIVISION OF	_{Y	ES, NO, OR UNKNO	WN) (IF YES, GIVE	WAR OR DAYES)	220-2	26-087		Margaret	Lee T	awes	Crisfi	Box 131 eld, Md.	
			Z4 HO ITEM 1 LONG PERMIT		PART I DE	ATH WAS CAUSED	y one couse per line DBY: E CAUSE (o) A	cute 1	Myocar		Infarcti	lon			BETWEEN ON LINE	ATE INTERVAL SET AND DEATH
	TO NOT SEE TO NOT SEE	301	IN PENCIL IN EXAMINER . RIAL-TRANSIT MENTAL HI OR REMOVA		gave ris couse (o) lying cou		(b) DUE TO, OR	7SC AS A CONS	VD SEQUENCE O	C OF	CHF				1/0	en_
	2000	CORDS,	"PENDING" IN PENDING" IN SED AS A BUR HEALTH AND CREMATION, (NOI	E MA		CONTRIBUTING TO DEATH B					IN PART 1 (a).				
	717 A 1 DE	ATAL RE	PARSO	CERTIFICATION	19a. DATE OF		196 CONDIT	ION FOR W	HICH OPER	ATION W	AS PERFORMED?	N. C.			20. AUTOPS	
	ONO	DIVISION OF VITAL RECORDS,	5109 EC	MEDICAL CE	UNDERLYING CONTRIBUTION	IG CAUSE OF D	DEATH P.M.	MONTH	DAY YEAR		W INJURY OCCU	IRRED (ENTER N	IATURÉ OF INJURY I	IN ITEM 18 PART 1 C	DR PART 2]	
	SIVIE	SIVIG	E. WRITING DRWARDED T PAGE 3 SH STATE DEPA 21201 PRIOR	MED	21d. INJURY O WHILE AT WORK	NOT WHILE C	21e. PLACE C STREET, FACTO	F INJURY DRY, FARM, ETC			CATION		CITY OR TOWN		COUNTY	STATE
,	1		XAMINE ERTIFICA LD BE FC SIRECTOR WITH THE ARYLAND,		22a. I certif death resulte ACTUAL SIGNATURE_		e of the remoins desc	Accident		Autops	Homicide TITLE (SPECIFY	<u>')</u>	Inquiry Exermined monne	r,	y opinion ATE 9/22/GNED 9/22/	36
		2	EXECUTE THE CPAGE A SHOUND TO FUNERAL TO FUNERAL TO AFTER DEATH, BALTHORE, M.	23a.B	EXAMINER'S IN	Jame Jam	es A. Ste				ADDRESS 320		n St	Crisfi	eld, Md.	21817
			BP	l:	Buri	.al 9	/88/86	St	. Paul	's C	emetery	Me	rion	Some	rset	d.
		(,	VR A15 ME (5)) 15M 7/77		Bradsha	w & Sons	Cris	field	, Md.	218	17	SEP 23	3 1986		'S SIGNATURE	

in a standard of the standard White Seamed The Company Tennestenne de como de Control Courted to March 18 of the Court of and the second s The Target W. J. II Com-21-77 | Argument les Suses T. J. II . 19 19 1800 E CASE Division of the sentence of the left of the land

Aradala y & Cana Laftella . W. Lieff and Company

0 7 9 6 1 7	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.						
	1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	AONTH DAY YEAR 26 HOUR					
noy be poge 3	Myrt	1e E,	Thawley		9 26 86 2:15 Am					
no)	3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH						
ge 4	Female	White	3 3 1889	97	YRS					
ith. Page rol direct 72 hours	To. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH					
Contract de contra	MARYLAND	USA	WIDOWED DIVORCED		erset MD.					
on the fi	CRISFIELD	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Alice Byrd Tawe		120 USUAL OCCUPATION TOPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY					
AND 212	MARYLAND SOM		RE ADMISSION) VN 13d. INSIDE CITY LIMITS? YES A NO	130 STREET ADDRESS	STREET 2/8/7					
E, MARYLAND	14 FATHER'S NAME FIRST WE 160 WAS DECEASED EVER IN U.S. A	Sley Thaw RMED FORCES? 1166 SOCIAL SEC	15. MÖTHER'S MAIDEN NA. PRITY NO. 17. INFORMANT	ME Coch	PANE Thawley					
ALTIMORE, te be excession on the property Page 51. The med column		Sive war or dates) 216-10	-9184 Stanley	Thawley	GERMANTOWN, Md.					
ST., BAL ertificate g physici ionpopel removol.		only one cause per line for (a) (b), on ED BY ATE CAUSE (a)	Pulmonary	enext	BETWEEN ONSET ON DEATH					
on W. PRESTON that the death c that the ottendin eose remove cart of, cremation, or	Conditions, if any, which gove rise to immediate cause tol, stating the underlying cause last.	DUE TO, OR AS A CONSEQU	are the		18 faces					
RDS, 20 equires n signed Then pl	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR COND	ITION GIVEN IN PART 110					
AL RECORD he low requirence in hos been single from the prior to permit The green prior to permit only injite.	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO					
DN OF VITA	OR CONTRIBUTING TO CAUSE OF D	EATH HOUR A.M. MONTH D	AY YEAR	RED (ENTER NATURE OF INJURY	(N-11EM-18 PART T OR PART 2)					
	216 INJURY OCCURRED	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	city on tow	- 6					
TOR: A for use of Heal	27s I certify that (I) (It is has	atal alterded the demosed from.	So. and that in (my four) pinian	death accurred on the dat	e and have and from the causes stated					
PITAL OR ALL by the hosp ERAL DIREC defoched Stote Dept.	226 SIGNATURE	A. Steling	DEGREE ATTENDING PHYSICIAN (MEDICAL STAFF	224 DATESIGNED 86					
TO HOSPITAL TO FUNERAL should be det with the Store					1/					
	23a BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE					
BP	M FUNERAL DIRECTOR	19/27/86	JUNNY FIDGE	E REC D. BY REGISTRARIO	Sh REGISTRAN'S SIGNATURE					
DHMH - 16 50M 4/B2 (VRA 15 4)	James /	ALO F ADDRESS	1:00 cm DEP	S 3	A San					

113	1	FOR STATE REGISTRAR	Di	EPARTMENT OF I	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 3 6		6 8	9 9
76.		CEASED NAME FIRST Andreas	Henricus		Wagenberg	September			26 HOUR
1	12.50		4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIR		NDER ! YEAR	M IF UNDER 24 HRS
10		Male	White	MONI 12		75	MONT	HS. DAYS	HOURS MIN.
12	1	SIRTHPLACE (STATE OR FOREIGN COUNTRY) Netherlands	76 CITIZEN OF WHAT COL	MARRIE		9 BALTIMORE CITY O		DEATH	MD.
0	F	PRINCESS ANNE		PRINCES	S ANNE, MD	12a USUAL OCCUPATION OF OF WORK FOR MOST OF TOURS OF WORK FOR MOST OF TOURS	F WORKING LIFE)	NDUSTRY	BUSINESS OR ORY Service
5	30		VIY 13c CITY C	CE BEFORE ADMISSIONI OR TOWN CESS Anne	13d INSIDE CITY LIMITS?	P.O. Box	549 21	853	
0		ather's NAME Henricus	van Wage	nberg	Jeanette	MIDDLE		van 'H	est
/ redical	160	WAS DECEASED EVER IN U.S. AR	A COLUMN TO SERVICE STATE OF THE SERVICE STATE OF T	18-9147	P.O. Box 549	van Wagenb Princess A	erg (Son nne, Md	2185	53
6.10	Г	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly ane cause per line far (a), ED BY: TE CAUSE (a)	, (b), and (c)	Engles				ATE INTERVAL ISET AND DEATH
So intury, or offs	CATION	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTION 196 CONDITION FOR	NG TO DEATH BUT		MINAL DISEASE OR CONI	DITION GIVEN II	RE FINDING	SS USED
1	CERTIF	21g. ACCIDENT WAS UNDERLYING				YES NO	YES []	NO [
9	DICAL C	OR CONTRIBUTING CAUSE OF DEA		TH DAY YEAR	21c HOW INJURY OCCUR	KED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1	OR PART 2)	
	ME	E NOT WHILE AT WORK	(AT HOME STREET FACTORY.	OFFICE FARM ETC)	STREET	CITY OR TO	WN (COUNTY	STATE
		22a I certify the circthis haspi saw the deceased of	tal) at inded the deceased		d that in (my) (aur) apınıan	, ta 4-30 death accurred an the do	17-	the co	at (1) (we) last
Z # 26m		27a. SIGNATURE	Laycon J			MEDICAL STAF		10/1/	
MPORTA		R. Layton,				Salisbury, Mo	aryland	21801	
	23a	BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation	10/1/1986		y Crematory	Salisbury,	Wicomc	o, Mar	yland
M 1/B1	24 F	UNERAL DIRECTOR Holloway Funer			25a DA	E REC'D. BY REGISTRAR	256 REGISTRAR"	SSIGNATUR	RE

